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5616707

LIMITED POWER OF ATTORNEY

Caution: this is an important document. It gives the person whom you designate (your "Agent" also called "Attorney in Fact") broad powers for a specific transaction, to handle your property during a certain period of time, which may include powers to mortgage your real property with advance notice to you by web based closing. These powers will continue to exist even after you have become disabled or incompetent. This document does not authorize anyone to make medical or other health care decisions. You may execute a different document, a health care proxy to do this. If there is anything about this form that you do not understand, you should ask an attorney to explain it to you.

BE IT KNOWN, that ALAINE M MCCOY
a/k/a Alaine M. Sperback
and
ROBERT J MCCOY

THIS DOCUMENT IS FILED FOR
RECORD BY FIDELITY NATIONAL
TITLE INS., CO. AS AN ACCOMMODATION
ONLY. IT HAS NOT BEEN EXAMINED
AS TO ITS EXECUTION OR AS TO ITS
EFFECT UPON THE TITLE.

whose address is 6889 DOGWOOD MANOR W
OLIVE BRANCH, MS 38654

has made and appointed, and by these presents does make and appoint the following persons who are employees of LSI, namely: Greg Perdziola, Shannon Obringer, Ryan Flaherty, Thomas Betz, Sheila Allen, Quinn Riordan and Stacey Franciscus each of whom may act separately, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis PA 15108, my/our true and lawful attorney in fact (also called agent) for them and in their name, place and stead, for the following specific and limited purposes:

- (1) Refinancing of the Real Estate located at 6889 DOGWOOD MANOR W, OLIVE BRANCH, MS 38654, and to be refinanced with US Bank - Owensboro-79496, said refinancing to occur on or about July 30, 2007 in an amount approximately \$ 57,600.00 .
- (2) To mortgage, finance, refinance, hypothecate, assign, transfer, and in any manner deal with the real estate to effectuate the above referenced refinancing (which may also be called "banking transactions" under state statute);
- (3) To execute, acknowledge, and deliver escrow instructions, and all Closing Documents which including but not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the

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transaction, those documents needed by governmental and taxing authorities, covenants, agreements and assignments of agreements, assignments of mortgages, assignments of deeds of trust, to secure the referenced indebtedness, lien waivers, encumbrance or waiver of homestead and any marital rights necessary to obtain the financing, settlement statements, truth in lending disclosures, loan applications, HUD 1 and other written instruments of whatever kind and nature, all upon such terms and conditions as said attorney in fact (also called agent) shall approve.

Further giving and granting said attorney in fact (also called agent), full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall become effective immediately, and shall not be affected by my subsequent disability, incapacity or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue until the Mortgage/Deed of Trust is recorded in the appropriate office. I may revoke this Power of Attorney at any time by providing written notice to my Attorney in Fact (also called agent), however such revocation shall not be effective as to third parties acting in reliance upon this Power of Attorney if recorded, unless and until the revocation is similarly recorded in the same county and state registry or other established records for the recording of Powers of Attorney. This Power of Attorney is limited to a specific refinance, and the powers noted shall continue only through and including any post closing corrections, amendments and follow up procedures, but shall cease when the refinance and all post-closing matters are fully accomplished.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Dated July 16 7 4:00 pm
July 17, 2007 at 2:00 pm

Alaine M. McCoy
ALAINE M MCCOY

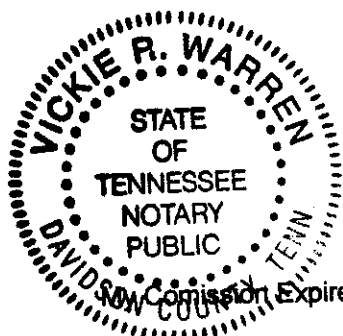
Partial Password 6707

Alaine M. Sperback
a/k/a Alaine M. Sperback

Robert J. McCoy
ROBERT J MCCOY

State of TennesseeCounty of DavidsonOn July 16, 2007 before me, Alaine M. Sperback, Notary Public
DATE NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"personally appeared ALAINE M MCCOY a/k/a Alaine M. Sperback ~~ROBERT J MCCOY~~ ^{new}

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]
SIGNATURE OF NOTARY

My Commission Expires MAY 24, 2008

OPTIONAL

Vickie R. Warren.

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNEDER

DESCRIPTION OF ATTACHED DOCUMENT

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

- ☐ ATTORNEY IN FACT
☐ TRUSTEE
☐ GUARDIAN/CONSERVATOR
☐ OTHER _____

SIGNER IS REPRESENTING:
 NAME OF PERSON(S) OR ENTITY(IES)

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

State of Tennessee

County of Davidson

On July 17th before me, Robert J. McCoy, Notary Public
DATE NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared ~~ALAINE M MCCOY aka Alaine M. Spierbeck~~ ROBERT J MCCOY

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

My Commission Expires: 3/21/09

Deborah A Roberts
SIGNATURE OF NOTARY
Deborah A Roberts
OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNEDER

DESCRIPTION OF ATTACHED DOCUMENT

- ☐ INDIVIDUAL
- ☐ CORPORATE OFFICER

- TITLE(S) _____
- ☐ PARTNER(S) ☐ LIMITED
 - ☐ GENERAL
 - ☐ ATTORNEY IN FACT
 - ☐ TRUSTEE
 - ☐ GUARDIAN/CONSERVATOR
 - ☐ OTHER _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

Specimen signature of AGENT/Attorney in Fact:

Gray Perdzicka
Gray Perdzicka

ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Greg Perdzick
AGENT

[Signature]
Signature of Attorney-in-Fact

7-24-07
Date

APN: 1068341210007700

Order ID: 3616707

Loan No.: 7884007480

EXHIBIT A
LEGAL DESCRIPTION

The land referred to in this policy is situated in the State of MS, County of DESOTO, City of OLIVE BRANCH and described as follows:

Lot 77, Section A, Dogwood Manor Subdivision, located in Section 34, Township 1 South, Range 6 West, Desoto County, Mississippi, as per plat recorded in Plat Book 51, Pages 5-6, in the Office of the Chancery Clerk of Desoto County, Mississippi.

APN 1068341210007700

WITH THE APPURTENANCES THERETO.

APN: 1068341210007700